

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125822

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

**Entity Name:** ALTEK MANAGEMENT, LLC

**Current Principal Place of Business:**

5201 BLUE LAGOON DR  
SUITE 980  
MIAMI,, FL 33126

**New Principal Place of Business:**

260 CRANDON BLVD  
SUITE 52  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

5201 BLUE LAGOON DR  
SUITE 980  
MIAMI,, FL 33126

**New Mailing Address:**

8770 SUNSET DR  
# 463  
MIAMI,, FL 33173

**FEI Number:** 26-1924014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUTIS, MIGSANIA  
5201 BLUE LAGOON DR  
SUITE 868  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

ROSALES, KLEVER  
260 CRANDON BLVD  
SUITE 52  
KEY BISCAYNE, FL 33149 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KLEVER ROSALES

04/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALTEK GROUP HOLDING,, LLC  
Address: 5201 BLUE LAGOON DR; SUITE 980  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALTEK GROUP HOLDING,, LLC  
Address: 260 CRANDON BLVD # 52  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KLEVER ROSALES

MGRM

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date